

28 DAY REPORTING FORM

Name: Steve Campbell
 Area of Assignment: Professional Standards
 Reporting Period: 2-19-07 3-18-07
 BEGINNING ENDING

APPROVED: I hereby certify these hours as recorded are true and correct

I hereby certify these hours, as recorded, are true and correct:

RE

RI

ask Sheriff
with or
without
per my Parker.
yes he is on Admin
leave with pay!

EMPLOYEE'S SIGNATURE

DATE	DAY	WORK CODE	TIME IN	MEAL IN	MEAL OUT	TIME OUT	TIME IN	TIME OUT	TC
2/19	1/Mon								8
2/20	2/Tues								8
2/21	3/Wed								8
2/22	4/Thur								8
2/23	5/Fri								8
2/24	6/Sat								
2/25	7/Sun								
2/26	8/Mon								8
2/27	9/Tues								8
2/28	10/Wed								8
3/1	11/Thur								8
3/2	12/Fri								8
3/3	13/Sat								
3/4	14/Sun								
3/5	15/Mon								8
3/6	16/Tues								8
3/7	17/Wed								8
3/8	18/Thur								8
3/9	19/Fri								8
3/10	20/Sat								
3/11	21/Sun								
3/12	22/Mon								8
3/13	23/Tues								8
3/14	24/Wed								8
3/15	25/Thur								8
3/16	26/Fri								8
3/17	27/Sat								
3/18	28/Sun								

D		
A		
S		
X		
U		
H		
M		
C		

CODE W-Worked
 D-Day Off
 A-Personal Leave
 S-Major Medical Leave*
 X-Administrative Leave
 U-Unexcused Absence
 H-Holiday
 M-Military Leave
 C-Compensatory

*Major Medical Leave is granted ONLY after one (1) day of Personal Leave is used. The fourth day of major medical leave must be accompanied by a doctor's certificate.

SUMMARY OF HOURS

Hrs. Enf. _____
 Hrs. Trng. _____
 Hrs. Crt. _____

FOR PERSONAL USE ONLY

HRS. WORKED.... _____
 FLSA..... 171

X 1.5
 Compensatory
 Earned.....

FOR PATROL ONLY: PLEASE CIRCLE OR MARK YOUR DAYS OFF

SUN. THURS.
 MON. FRI.
 TUES. SAT.

EXHIBIT

F

3-30-07